

EXHIBIT 2

TK Records007

**MEDICAL INTAKE FORM**NAME: Sanders, Brenda DOB: 7-10-60 SS/INMATE#HEALTH INSURANCE: ☒ YES ☒ NO CARRIER/POLICY NUMBER: CDTQ-creat☐ MALE ☒ FEMALERACE: ☐ WHITE ☐ BLACK ☐ ASIAN ☒ AMERICAN INDIAN ☐ HISPANIC

OTHER

SENT FOR A FIT? ☐ YES ☒ NO REASON: _____ALLERGIES NKAMEDICATION ☐ YES ☐ NO WHAT MEDICATION: _____INMATE CHECKED FOR HEAD LICE? ☒ YES TREATMENT NEEDED? ☒ YES ☐ NOANY INJURIES TO REPORT DUE TO ARREST OR BOOKING? YES ☒ NO What? _____

WEAR GLASSES, CONTACTS, DENTURES, PARTIAL, HEARING AIDS, OR USE ANY PROSTHESIS OR MEDICAL DEVICE?

IF SO WHAT? _____ HAVE ON PERSON? ☒ PLACED IN PROPERTY? ☒VITALS: TEMP _____ B/P 138/62 PULSE 86 O2SAT 95 WEIGHT 125

LIST ALL CURRENT MEDICATIONS INCLUDE DOSAGE, FREQUENCY, LAST TIME TAKEN AND PHARMACY?

V. Lba 40mg BP/Stomach pill Norvasc 50mg
Protonix 30mg
Ranitidine 20mg
Relaxin 300mg
Prilosec 20 mg
OKemata Indian
Chlorz

MEDICAL ILLNESS: CHECK ANY CURRENT OR PAST CONDITIONS:

☐ HEART ATTACK/CARDIAC DISEASE EXPLAIN _____ WHEN _____☒ HIGH B/P 2011☐ CANCER/ONCOLOGY- TYPE _____☐ LUNG DISEASE _____☐ STROKE _____☐ ASTHMA _____☐ DIABETES _____ INSULIN _____ CURRENT FSBS _____ EXPLAIN _____☒ SURGERIES Gall bladder 2012☐ SEIZURE _____ DATE OF LAST SEIZURE _____☐ HIV/AIDS _____ HOW LONG? _____ CURRENT MEDS? _____ LAST LAB _____☐ STD'S _____ TYPE _____☐ MAJOR DENTAL CONDITIONS _____☐ HEPATITIS-TYPE: _____ HOW LONG? _____

HISTORY OF TB / POSITIVE TB SKIN TEST? WHEN _____ WHERE _____ TREATMENT _____

HAVE YOU RECENTLY EXPERIENCED: CHRONIC COUGH - COUGHING UP BLOOD - LETHARGY - BODY WEAKNESS -
 MORE THAN 10 LBS WEIGHTLOSS IN THE LAST MONTH - LOSS OF APPETITE - FEVER, -NIGHT SWEATS? IF YES TO
 ANY, EXPLAIN: _____

APPEARANCE - SWEATING - TREMORS - ANXIOUS - DISHEAVELED - UNREMARKABLEBEHAVIOR - NERVOUS - DISORDERLY - INSENSIBLE - APPROPRIATESTATE OF CONSCIOUSNESS - ALERT - LETHARGIC - UNDER THE INFLUENCEBREATHING - LABORED - PERSISTENT COUGHING - HYPERVENTILATING - UNREMARKABLEEASE OF MOVEMENT - DEFORMITIES - UNSTABLE GAIT - ASSISTIVE DEVICE - UNREMARKABLE

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SKIN - DO YOU CURRENTLY HAVE: RASHES - SORES - WOUNDS - JAUNDICE - SKIN CONDITIONS - BRUISES - TRAUMA MARKINGS - NEEDLE MARKINGS - RECENT TATTOOS? WHERE/CONCERNS?

FEMALE HEALTH

ARE YOU PREGNANT NOW? ☐ YES ☒ NO ☐ DON'T KNOW LAST MENSTRUAL CYCLE 2002
 IF PREGNANT EDD? 10 # OF PREGNANCIES 4 # OF LIVE BIRTHS 4
 PROBLEM IN PREGNANCIES? 10 HIGH RISK ☐ YES ☒ NO (TYPE OF DELIVERY)
 OB/GYN NAME: PHONE#
 LAST VISIT DATE: NEXT APPT SCHEDULE:

MENTAL HEALTH

HAVE YOU EVER HAD A MENTAL ILLNESS? ☐ YES ☒ NO
 EXPLAIN Anxiety, Depression
 ARE YOU CURRENTLY SEEN BY MENTAL HEALTH PROFESSIONAL? ☒ YES ☐ NO
 WHO? Counselor
 HAVE YOU EVER TAKEN ANY MENTAL HEALTH MEDS? ☒ YES ☐ NO
 WHAT Xenon
 ATTEMPTED SUICIDE? ☐ YES ☒ NO EXPLAIN:
 ANY CURRENT SUICIDAL THOUGHTS? ☐ YES ☒ NO EXPLAIN:

ARE YOU USING OR HAVE YOU EVER USED ANY OF THE FOLLOWING? DATE OF LAST USE?

- ☐ TRANQUILIZERS
☐ OPIATES
☐ BARBITUATES
☐ LSD/HALLUCINOGENS/PCP
☐ MARIJUANA
☐ AMPHETAMINE/SPEED
☐ GLUE/SOLVENT/INHALANT
☐ HEROIN
☐ CRACK / COCAINE
☒ ALCOHOL 10-11-16
☐ OTHER

HAVE YOU EVER HAD OR ARE YOU CURRENTLY HAVING ANY WITHDRAWAL SYMPTOMS WHEN YOU STOPPED DRUGS OR ALCOHOL? ☐ YES ☒ NO EXPLAIN:

OTHER COMMENTS OR PHYSICAL FINDINGS:

RECOMMENDED HOUSING BASED ON MEDICAL/MENTAL HEALTH EVALUATION:

- ☐ TRANSPORT TO HOSPITAL
☐ RECOMMENDED GENERAL POPULATION
☐ SUICIDE PRECAUTIONS
☒ RECOMMENDED MEDICAL HOUSING / ISOLATION DUE TO: Like Infestation

INSTRUCTED ON HOW TO ACCESS MEDICAL/ MENTAL HEALTH CARE? ☒ YES ☐ NO

MEDICAL EVALUATION PERFORMED BY: Dr. LON

MEDICAL EVALUATION DATE: 10/18/16 7-10-60

Sanders, Brenda